

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER:

12 -- 017

2. STATE:

VERMONT

3. PROGRAM IDENTIFICATION:

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)

JULY 1, 2012

5. TYPE OF PLAN MATERIAL (CHECK ONE):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR §430.12(o)(II)

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$ 42,050

b. FFY 2013 \$ 163,700

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATT. 4.19-B PG 3A

Att. 3.1-A PG 3A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

ATT. 4.19-B PG 3A

Att. 3.1-A PG 3A

10. SUBJECT OF AMENDMENT: BUDGET BILL - HOME HEALTH

11. GOVERNOR'S REVIEW (Check One):

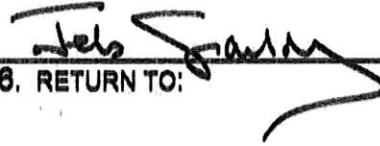
GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

SIGNATURE OF SECRETARY OF ADMINISTRATION



12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

DOUGLAS A. RACINE

14. TITLE:

SECRETARY, AGENCY FOR HUMAN SERVICES

16. RETURN TO:

DAVID MILLIKEN

DEPARTMENT OF VERMONT HEALTH ACCESS
312 HURRICANE LANE, SUITE 201
WILLISTON, VT 05495

15. DATE SUBMITTED: 9/25/12

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

10/2/12

18. DATE APPROVED:

8/2/13

19. EFFECTIVE DATE OF APPROVAL:

7/1/2012

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Richard R. McGreal

22. TITLE:

Associate Regional Administrator, Division of Medicaid
and Children's Health Operations, Boston Regional
Office

23. REMARKS:

Per VT, CMS filled
in date in Box 15.